MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)		SERIAL NO. 10/582,317		FILING DATE 6.8.06	

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			2			
2			1				52				1		
3				1			53				1		
4				1			54				1		
5				1			55				1		
6				1			56				1		
7				1			57				1		
8				1			58				1		
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63			cancelled			
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30			e				80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35			e				85						
36							86						
37							87						
38			cancelled				88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50			e				100						
TOTAL IND.							TOTAL IND.			2			
TOTAL DEP.							TOTAL DEP.			43			
TOTAL CLAIMS							TOTAL CLAIMS			45			

PTO - 1360 (REV. 11/04)